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ABSTRACT

Can a professional committee have any impact, even indirectly, on the well-being of children? The Child Development Committee of the Maternal and Child Health Section of the American Public Health Association (APHA) was established in October 1976 with the hope of responding to this challenging question. The Committee determined that one ideal index of accomplishment would be community support for quality day care and health services to preschool children and families. As the Committee identified barriers to delivery of these services, a clear priority emerged: the improvement of communication and cooperation between health care professionals and child care professionals. Among suggested strategies for increasing this inter-professional understanding, holding regional multidisciplinary workshops was chosen as the most appropriate strategy. The first section of this volume describes the process by which the Committee identified and brought together the various existing resource groups to plan, fund, and produce the workshop. The second section presents evaluative comments and findings of follow-up contacts with state-level and local community representatives, with particular reference to workshop-induced changes or potential changes in the health care/day care relationships. Tables from preliminary questionnaire data, as well as copies of evaluation forms used during the on-site evaluation and the follow-up evaluation are appended. (Author/MP)

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HEALTH OF CHILDREN IN DAY CARE

VOLUME II

DEVELOPING AND EVALUATING A HEALTH CARE / DAY CARE WORKSHOP

Technical Report of a 1978 Regional Workshop
Sponsored in North Carolina by:

DAY CARE TECHNICAL ASSISTANCE AND TRAINING SYSTEM
of the Frank Porter Graham Child Development Center, UNC-CH

THE COMMITTEE ON CHILD DEVELOPMENT OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

THE MOUNTAIN AREA HEALTH EDUCATION CENTER

THE SCHOOL OF PUBLIC HEALTH, UNC-CH

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WHY THIS PUBLICATION?

Workshops have a way of happening, having an effect on the participants, and then fading from memory. This obscurity, lack of documentation, lack of measurement is appropriate for most workshops-after all, they are the most common of professional renewal activities and don't deserve more attention.

Greater attention has been focused on this workshop not because it was notable in method or in resources, but because it concerns an issue of critical and current importance: health care / day care collaboration. Health care services and day care services need increasingly to work together if certain children are to be well served. People are ready to respond to the need for collaboration not only in North Carolina, but around the nation. This workshop has been documented as a small contribution to the process through which professionals will grapple with this challenge.

The report documents the workshop through a record of the workshop sessions (Volume I) and a record of the process by which the workshop was developed and evaluated (Volume II). Transcripts are included in the first volume; data and evaluation instruments are included in the second. Hopefully, this information will be a useful professional resource to individuals and groups wishing to hold similar interdisciplinary workshops or wishing simply to stimulate further interaction and collaboration in the local setting.

HEALTH OF CHILDREN IN DAY CARE, Volume II

Joseph Sparling, Editor
Frank Porter Graham Child Development Center, UNC-CH

Chapter	Page
1. Developing the Workshop Beverly Speak Charlotte Dailey Katherine Nuckolls	1
2. Evaluating the Workshop Beverly Speak Janet Nickerson	7

Grant support for the workshop was provided through DC/TATS by the **Department of Human Resources under Title XX of the Social Security Act**, and through the UNC School of Public Health by the **Bureau of Community Health Services, Office of Maternal and Child Health**, DHEW.

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FOREWORD

Day care / health care collaboration is not new. It has occured at various times and places, but it cannot be described as a typical or easily-achieved condition. The New York City Public Health Department pioneered in efforts to improve the health of children in day care. In the early 1940s, with the encouragement of the Child Welfare League and the leadership of the Maternal and Child Health Division director, Leona Baumgartner, the New York City Health Department established a Division of Day Care, Day Camp, and Institutions. Responsible for licensing, counseling, and education, this interdisciplinary division was staffed by early childhood educators and child welfare specialists, and worked closely with the Department's public health nurses. A major accomplishment in the 1950s was the establishment of several health supervision clinics in publicly-supported day care centers in low income areas of New York City. A few similar projects were undertaken in scattered areas around the country, but there was little communication or coordination between these efforts.

While traveling in Europe in 1960, William Schmidt, M.D., Chairman of the Maternal and Child Health Section of the American Public Health Association (APHA), observed many day care programs which incorporated health components. Upon his return, he was instrumental in establishing an interdisciplinary Day Care Committee within the Maternal and Child Health Section of APHA. This committee, under my chairmanship, worked actively from 1961 to 1968 with such groups as the Children's Bureau, the Child Welfare League of America, the American Academy of Pediatrics, the National Association for the Education of Young Children, and the National Institute of Mental Health to explore issues of day care and health.

It would seem, for the present, that collective energies have been directed away from further national cooperative efforts. The project described in this report represents a rebirth, on the state level, of a theme which surely must appear and reappear until it finds its full realization wherever day care and health care services exist for children and families.

Ann DeHuff Peters, M.D.
La Jolla, California, 1978

DEVELOPING THE WORKSHOP

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Aurora Medical Center

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Can a professional committee have any impact, even indirectly, on the well-being of children? The Child Development Committee of the Maternal and Child Health Section of the American Public Health Association was reestablished in October 1976 with the hope of responding to this challenging question. One ideal index of accomplishment would be community support for quality day care and health services to preschool children and families. As the committee identified barriers to delivery of these services, a clear priority emerged: the improvement of communication and cooperation between health care professionals and child care professionals.

Suggested strategies for increasing this inter-professional understanding included: 1) working with the American Academy of Pediatrics on additions to its publication on day care recommendations, 2) calling for appropriate papers for a special program session at the next APHA meeting, and 3) holding regional multidisciplinary workshops to enhance the "team" relationship of health care and child care providers. This third idea seeded itself, as committee members expressed particular interest in pursuing it.

The State of North Carolina provided fertile soil for the seed. Already active was a training program with an established audience of day care people, an inter-agency state government committee exploring the relationship of health and day care, a regionalized system of Area Health Education Centers, and a School of Public Health. By tapping into these existing mechanisms and resources, the committee was able, after 1-1/2 years of development and planning, to bring the seed into flower at a regional workshop. On that day, participants from across the state explored ways of meeting health care needs of children in day care through collaboration between day care and health care professionals. Whether this "flower" will develop into fruitful activity on the local level is an important question which the committee is attempting to answer as it evaluates this strategy in terms of increased cooperation and its potential impact on the well-being of children.

The first section of this volume will describe the process by which the committee identified and brought together the various existing resource groups to plan, fund, and produce the workshop. The second section will present evaluative comments and findings of follow-up contacts with state-level and local community representatives, with particular reference to workshop-induced changes or potential changes in the health care / day care relationships. (The content of the workshop was reported in a separate volume.)

The Workshop Process: Behind the Scenes

The process of developing and implementing the workshop plan involved a complex but loosely-linked network of resource people and agencies operating in North Carolina. Two questions faced the APHA Committee members as they explored the possibility of sponsoring the workshop. Who would provide financial support for this effort to bring health and day care people together? And who would be willing and able to serve on a steering committee to develop and carry out the day's program? As the plan evolved, available communication and interaction systems were used to bring together a variety of groups whose subsequent cooperation helped to answer these questions.

Funding

The Associate Director for Nursing at the Mountain Area Health Education Center[1] took the initiative and began making contacts. At the suggestion of the Chairman of the Maternal and Child Health Section of APHA, a professor in the University of North Carolina's School of Public Health (UNC-SPH), she wrote a funding proposal and submitted it to the Bureau of Community Health Services, Office of Maternal and Child Health, in the Department of Health, Education, and Welfare (HEW). The proposal requested that approximately $3000 be added to the total training grant already allocated to the UNC-SPH Department of Maternal and Child Health, which had agreed to serve as co-sponsor for the workshop. This grant was intended to cover travel expenses for the workshop planners, as well as expenses and honoraria for participants and speakers.

Another member of the APHA Committee was a University of North Carolina School of Education faculty member who conducts research at the Frank Porter Graham Child Development Center (FPG). He suggested that it would be appropriate to involve the Day Care/Technical Assistance and Training System (DC/TATS), a component of FPG which provides training for day care coordinators[2] and selected day care providers in programs eligible to receive Title XX day care funds. DC/TATS agreed to support the costs of the eligible day care representatives attending the workshop, and to take care of registration, preparation of materials, logistics, and publication of a conference report.

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[1] In North Carolina nine Area Health Education Centers (AHEC) have been established to improve the geographic and specialty distribution of health personnel throughout the state.

[2] In North Carolina each of the 100 County Departments of Social Services has designated an employee as "Day Care Coordinator" to work with local centers and administer Title XX day care money.

After several months of negotiating and waiting for a positive response from HEW, the final list of workshop sponsors came to include the APHA Committee on Child Development, the Mountain Area Health Education Center, the North Carolina Day Care/Technical Assistance and Training System, and the Department of Maternal and Child Health of UNC-SPH. The total budget for the workshop amounted to $5800 ($2945 from the MCH section of DHEW, $2855 from DC/TATS), as well as many hours of volunteer time from the planners.

The Workshop Planning Committee

As funding negotiations continued, representatives of the four sponsoring groups organized themselves into a Planning Committee and exchanged ideas regarding possible workshop presenters and session topics. Questionnaire responses obtained by DC/TATS from 35 day care coordinators indicated a strong interest in participation with health professionals in the proposed workshop. Through the questionnaire, the Planning Committee for the workshop became aware of the existence in North Carolina of a state-level inter-agency group called the Health and Day Care Steering Committee. The Steering Committee was made up of officials from the Department of Human Resources (DHR), Department of Public Instruction (DPI) and representatives from the Office of Child Day Care Licensing (OCDCL) from the Department of Administration. Recognition of day care professionals' need for health information had motivated the Educational Supervisor of the OCDCL to convene this informal committee, and to begin the process of preparing materials and setting up four regional needs assessment conferences for day care workers. Involved in these efforts were representatives of the DHR offices for Dental Health, Immunization, Health Education, Nutrition, Maternal and Child Health, Mental Health, and Social Services; DPI Office for Special Education and School Food Services as well as the Department of Administration's OCDCL. A representative from this Steering Committee joined the Workshop Planning Committee. This addition strengthened the communication network and stimulated continuing efforts towards future coordination between day care and health care.

The final composition of the Planning Committee reflects the interdisciplinary team-building purposes of the workshop. The Planning Committee included three representatives of the APHA Committee on Child Development (the Associate Director of Nursing for the Mountain Area Health Education Center, a child development researcher and professor in the UNC-CH School of Education, and a faculty member of the UNC-Greensboro School of Nursing); a professor of the Department of Maternal and Child Health (UNC-CH School of Public Health); three representatives of Day Care/Technical Assistance and Training System; and the Educational Supervisor of the Office for Child Day Care Licensing (representing the Health and Day Care Steering Committee). These eight individuals, with input and feedback from the Chairperson of the APHA Committee on Child Development, brought their diverse professional perspectives to the task of moving a day care / health care workshop from the concept state to reality.

Program Development

Workshop objectives had been identified as follows:

1. To increase participant awareness of ways of meeting the health care needs of children in day care through collaboration between day care systems and health professionals.

2. To identify potential barriers to day care / health care cooperation in delivery of services.

3. To explore ways of overcoming barriers to increased cooperation, particularly in local communities.

The next step in the planning process involved pulling together the suggestions for achieving these objectives, and choosing from the many alternatives which had been voiced during the year since the first meeting of the new APHA Child Development Committee. The workshop Planning Committee needed to make decisions regarding: 1) who would be invited to participate, and 2) which of the many possible health care / day care topics ought to be addressed, by whom, and by what method of presentation. In December and January of 1977 and 1978, the Planning Committee met to discuss the alternatives, evaluating them in terms of available resource people, time constraints, and potential for achieving the workshop objectives.

Target Audience

Utilizing existing systems of health and day care service delivery, the committee identified groups of potential participants representing both state and local levels, and both public and private sectors. Area Health Education Center nurses, county Public Health Department nurses, and representatives of Mental Health's Early Intervention Projects received invitations, as did a range of other health professionals, including state Maternal and Child Health officials, dental health and sanitation representatives, and faculty of related university departments. Although several of the workshop presenters were either presently- or previously-practicing pediatricians, no formal attempt was made to include local physicians in the target group. The committee felt that, with heavy demands of busy practices, few physicians could be sufficiently motivated to attend a one-day workshop.

Day care coordinators from County Departments of Social Services, regional DSS day care consultants, and Department of Administration regional day care licensing representatives were also invited. The day care consultants and licensing representatives contributed a list of selected day care providers (administrators and teachers) who serve families in certified, private non-profit, and proprietary centers.

Of the approximately 400 people invited to participate, 100 to 150 were expected to attend the workshop. The group of 110 that actually arrived in Greensboro on a rainy Wednesday reflected a good cross-section of the target population, both geographically and professionally. The lively, two-way communication which occurred during the workshop reflected the desire for a multidisciplinary approach to meeting the health needs of children in day care.

Planning the Sessions

To select session topics, speakers, and formats which would be interesting and thought-provoking to such a wide variety of participants offered quite a challenge to the workshop Planning Committee. From among several suggestions, a pediatrician of national prominence with strong historical ties to North Carolina health care and day care became the group's choice for a keynote speaker. Her address placed health and day care issues in a broad perspective, provoked some critical thinking about prevalent ideas and practices, and set the stage for closer examination of some of the specifics of health care / day care interaction.

A panel of four professionals was selected to describe several approaches to meeting health needs in day care settings: 1) offering instruction to day care workers through a community college program, 2) developing within a center a comprehensive health program with a policy foundation that safeguards children's rights, parent's rights, and centers' rights, 3) expanding the role of the physician consultant to include health promotion activities in addition to medical care activities, and 4) integrating pediatric nurse practitioners directly into the day care system.

To facilitate small group interaction and to meet participants' individual learning needs, the committee invited experts to address four areas of expressed interest: 1) reconciling the differently perceived roles of health care and day care personnel, 2) recognizing and dealing with developmental lags, 3) using a medical record, and 4) understanding the rights and responsibilities of children, parents, centers, and the government with reference to state and federal laws.

The next session during the day was designed to bring together health care and day care participants with others from their own community or region. The ideas presented and issues raised during the earlier part of the day were to serve as a basis for a frank discussion of local needs and concerns. The Planning Committee felt that interaction within these local clusters offered the best method of allowing and encouraging participants to relate the workshop to conditions "back home."

A closing address from the North Carolina Secretary of Human Resources was chosen to fill out the program schedule, giving the participants an opportunity to hear about state plans and priorities for delivery of services to children and families.

The particular mix of presentations, discussions, small group and large group sessions selected by the Planning Committee offered participants a variety of topics and learning modes from which to choose. It was the committee's hope that this particular selection would maximize the benefits to be realized from the workshop, and that individual participants would be stimulated to bring ideas for collaboration between health care and day care professionals back to their communities for discussion and possible implementation.

The second part of this volume concerns the evaluation of the workshop.

EVALUATING THE WORKSHOP

Beverly Speak
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Janet Nickerson
NC Office of Child Day Care Licensing

The Workshop Planning Committee recognized the importance of evaluation and follow-up components in determining the impact of the workshop. A Public Health graduate student was able to devote the better part of a two-month field placement to collecting and analyzing data on health care / day care interaction patterns and the workshop's effects on these patterns. The follow-up study of the workshop was specifically designed to address the question "Can a regional workshop improve collaboration between day care and health care professionals?" Implicit in the objectives of the workshop is the assumption that improved inter-agency collaboration can improve the quality of service delivery programs (such as health care and day care) which will, in turn, contribute to improved health and well-being of children.

In order to evaluate the workshop's role, several factors contributing to potentially successful collaboration were identified:

1) participant knowledge of available health care and day care resources

2) perceived barriers to delivery of health and day care services

3) perceptions of appropriate roles (for health people vis a vis day care, and for day care providers vis a vis health)

4) specific strategies or models for collaboration between health and day care professionals.

Of particular importance to the analysis was identification of any potentially significant differences between responses given to the same questions by health professionals and those given by day care professionals.

Preliminary Questionnaire

Prior to the workshop, each participant was asked to fill out a questionnaire, giving the committee some information about the existing state of knowledge and attitudes on day care, health care, and the interface between these two professions. Items on this form were

mostly open-ended, allowing respondents to express their own perceptions of accessibility and adequacy of programs; major problems faced by day care and health care providers; and appropriate roles for each profession vis a vis the other.

In analyzing the responses to this questionnaire, the investigators wanted to compare health workers' perceptions with day care workers' perceptions. As the project proceeded, it became apparent that within the day care category were two distinct orientations: day care providers (directors and teachers in programs) tended to respond differently from day care coordinators and consultants (professionals operating within the administration and consultation frameworks of social services and other agencies). Therefore, these two day care groups are reported separately in all the tables of this report.

Seventy-three questionnaires were returned: 25 from health workers, 27 from day care providers, and 20 from day care coordinators/consultants (1 respondent did not identify a professional category). Geographic distribution of the respondents reflects that of the total workshop attendance: piedmont and mountain areas were well-represented, eastern North Carolina less so.

Knowledge About Accessibility of Services

Forty-four percent of the health care providers believed before the workshop that day care services were "easily accessible and in adequate supply for those who need such service." Twenty-six percent of day care providers and only 10% of day care coordinators and consultants agreed with this statement. On the other hand, 48% of both health care and day care providers felt that health care services for children were adequate and accessible, and 30% of the day care coordinators/consultants agreed.

Perceptions of Problems

Interesting differences between the professional groups were revealed when the spontaneous expressions of perceived problems were categorized. Since the questions were open-ended, the numbers of responses do not necessarily reflect the actual extent of the problems, but give us only an idea of which problems happen to register as important in the experience of the individual respondents. (See Appendix for Tables 1 and 2 showing identified problem categories by professional groups.)

Day care problems centered around lack of day care spaces, lack of funds, and staff concerns. Some interesting differences between responses of the three professional groups appeared (including the previously-mentioned adequacy/accessibility variable).

Thirty-two percent of the health workers identified health-related day care problems, but evidently day care providers and coordinators/consultants as a group do not feel that these are major concerns. The other major difference appeared in the "parent problem" category: both health people (20%) and day care coordinators/consultants (30%) reported more parent-related concerns than did day care providers themselves (11%).

Major health concerns relating to children in day care (Appendix, Table 2) were identified as lack of health personnel and parent problems. Health workers identified personnel shortages more often than did day care workers. The perceptions of parent problems followed the same pattern as before: more health professionals and day care coordinators/consultants recognized parent problems (48% and 45%) than did day care providers (15%).

Perceptions of Appropriate Professional Roles

The other areas addressed by the preliminary questionnaire involved perceptions of appropriate roles for day care and health care professionals in providing health services to children. (See Appendix, Table 3, summarizing perceptions of roles for health professionals and summarizing day care professionals' roles regarding health.) Responses in this section varied widely, resulting in many categories with small numbers in each.

The most frequent responses to the question on appropriate roles of the health professional in day care included direct provision of preventive services (43%) and provision of training in health skills to day care center staff (41%). Regular consultation and parent education were also seen as appropriate roles by several respondents. Differences between professional groups appeared in several categories: more day care providers (22%) mentioned treatment of specific illnesses and injuries (acute care) than did either health respondents (8%) or day care coordinators/consultants (10%); several health professionals identified checking health records and enforcing standards as appropriate health worker roles, but only one day care respondent mentioned these roles.

Small numbers of responses in each category also characterized perceptions of day care roles in delivery of health services. Working with parents and referral of specific problems to health workers were most frequently mentioned. More health professionals identified working with parents as an appropriate role for day care providers. More day care professionals identified planning health program activities for children and development of ongoing communication with health professionals as appropriate roles for themselves.

A modest number of strategies for health care / day care collaboration were mentioned on the preliminary questionnaire. These are not summarized here, but formed the basis for a deeper exploration of this area following the workshop.

The findings from the preliminary questionnaire must be interpreted cautiously. The sample was small and select, not necessarily representative of the professional groups as a whole. The questions were left open-ended with the intention of encouraging spontaneous thinking rather than suggesting possible responses. (It was hoped that this procedure would better capture the priorities and experiences of the respondents.) This style of questionnaire leaves open various interpretations of each response. The categories subsequently established by the investigator probably overlap to some degree, and no attempt was made to test reliability of classification of responses. It was not considered appropriate to test the statistical significance levels of observed differences between professional groups. Rather, these data should be interpreted as hypotheses regarding areas of concern and areas where communication between professional groups might be improved.

On-Site Evaluation of the Workshop

Eighty-one participants filled out evaluation forms before leaving Greensboro on the day of the workshop. Respondents were asked to rate 1) the degree to which the workshop objectives had been accomplished, 2) the content of the individual sessions and, 3) the appropriateness of the different presentation formats (i.e., lecture, panel discussion, small group) for the material covered. Open-ended questions asked respondents to identify which workshop topics would be most useful to them, and which ones would merit further attention. (See Appendix for evaluation form and tabulated evaluation data, Table 4.)

Accomplishment of Objectives

The majority of respondents felt that the overall objectives of the workshop had been "mostly accomplished" or "completely accomplished," with no major differences between professional categories. Eighty-eight percent agreed that the workshop had "increased participant awareness of ways of meeting the health care needs of children in day care through collaboration between day care system and health professionals;" 82% felt that the sessions had "identified potential barriers to day care / health care cooperation in delivery of services;" 70% of the respondents agreed that the workshop had been mostly or completely successful in "exploring ways of overcoming barriers to increased cooperation, particularly in local communities."

In addition to these objectives for all participants, the workshop planners had identified several objectives specifically applicable to either day care workers or health care workers. Again, responses were generally positive, with day care professionals (including coordinators and consultants) reporting slightly higher levels of satisfaction than their counterparts in the health field. Specific objectives and ratings of their accomplishment follow:

Objectives for Day Care Personnel:

1) To become aware of the health needs of children in day care, and to be able to recognize the indications for consultation by a health professional

   Mostly or completely accomplished = 79%

2) To increase knowledge of the particular needs of children with chronic handicapping conditions or developmental delays

   Mostly or completely accomplished = 67%

3) To gain information about the types and availability of health services and appropriate methods of referral

   Mostly or completely accomplished = 80%

Objectives for Health Personnel:

1) To become aware of the problems encountered by day care personnel in seeking health services for children in their care

   Mostly or completely accomplished = 79%

2) To increase knowledge about the milieu of day care, qualifications of personnel, and operational standards in order to better counsel parents

   Mostly or completely accomplished = 46%

3) To increase understanding of the appropriate role(s) of health personnel in providing support services to day care programs

   Mostly or completely accomplished = 64%

A review of the workshop program may explain the higher ratings assigned by the day care workers than by health personnel. It may be that health personnel do not always have a clear understanding of the overall day care picture, and since most of the sessions were focused more specifically on those aspects of day care which directly relate to health care, this larger context was not sufficiently clarified for many of the health workers present. This need for general information about day care is again expressed in health workers' responses to the question "What health care / day care topics would you like to further pursue?" Many identified "licensing, certification, staffing standards of day care centers," and "day care policies and legal questions" as areas meriting their additional attention.

Sessions, Discussions and Format

Individual sessions were rated on a four-point scale ranging from "not interesting and irrelevant to my needs" to "interesting, relevant, and useful in my work." The sessions on developmental lag and "ownership" of the child received the strongest positive ratings, with 83% of respondents who attended each of those sessions assigning them the highest rating category. Each of the other sessions received at least 80% of responses in the two highest rating categories.

The small group discussions regarding identification and utilization of local resources apparently were the least rewarding for participants, with 19% reporting them to be either "not interesting and irrevelant," or "interesting, but irrelevant." Several factors may have contributed to these observations. Although workshop planners hoped for adequate representation from all nine designated Area Health Education regions in North Carolina, actual participation from some regions was limited, necessitating some combining of groups. Other regions had large numbers of participants from several different communities. Thus, it was difficult to structure discussions with a community focus appropriate for each individual group member. Few major differences could be identified between professional group responses to the individual sessions.

General evaluative comments were typically positive, particularly in regard to the concept of including members of different professional groups. As might be expected from a one-day conference dealing with complex issues, some respondents wished for more discussion time, and commented about the frustration experienced when questions were raised but no answers were provided. Several expressed hopes that the workshop would be followed up with activities in local communities, and the ideas raised during the day not be allowed to "die on the vine."

Follow-up Questionnaire

Approximately one month after the workshop, those participants who did not request to be excluded from a follow-up study received a mailed questionnaire (see Appendix). Using categories established by the responses to the preliminary (pre-workshop) questionnaire, the participants were again asked to 1) rate problems faced by day care and health care workers in delivering services to preschool children, and 2) to rate health-related roles which might be appropriately assumed by health workers and/or day care workers. In addition to these ratings, respondents were asked to report post-workshop changes in their knowledge and attitudes regarding the topics presented. A final open-ended section requested specific information about the effects and/or potential effects of the workshop in terms of communication and collaboration activities and plans for the future.

Of the 88 questionnaires mailed out, 59 were returned; 24 from health professionals, 20 from day care providers, 15 from day care coordinators and consultants.

Assumptions

One of the assumptions underlying the purpose of the workshop was that improving day care / health care collaboration would significantly improve the health of the children served. It appears that the participants accept the validity of this assumption: over 80% of respondents expressed their belief that improved collaboration would "significantly" improve child health, while the remainder expect that changes in collaboration will affect health status "some, but not very much."

Looking back at the information presented at the workshop, the majority of respondents reported that, although much of the content was familiar, the workshop stimulated them to see issues from new perspectives.

Barriers to Service Delivery

Because this second questionnaire asked about *a priori* categories of problems instead of allowing respondents to spontaneously list their own categories, the percentages for most of the groups are higher than on the first instrument. However, the response pattern for day care problems is similar on the preliminary questionnaire and on this follow-up. Inadequate funding and lack of adequate space to meet the perceived need for day care are seen as moderate or severe problems by over 80% of the day care providers and coordinators/consultants,

and by over 70% of health care representatives. Staff problems and parent problems, both mentioned frequently on the preliminary instrument, continue to deserve attention: about 60% of day care people and about 70% of health care workers feel that they are moderate to severe problems for day care programs.

Day care providers rated problems of community relations and governmental relations particularly high on this questionnaire. Eighty-nine percent of day care providers classed them as moderate or severe, while only about 50% of day care coordinators/consultants and 69 - 79% of health care respondents believed these to be as serious. It is perhaps significant to note that a change in standards for receiving Title XX day care funds was under discussion in the state at the time of the conference. Opinions varied widely on this state-mandated change.

One of the most striking features of this rating of day care problems was the relatively large number (13 - 26%) of health care respondents who marked "Don't Know" for many of the categories listed, including those relating to funding, staffing, available spaces, and governmental relations. As reported on the earlier evaluations, it appears that the workshop's concentration on the health aspects of day care services left many of the health professionals with unanswered questions about the general features of day care delivery. Despite the encouraging fact that 83% of health care respondents reported that the workshop had added to their knowledge of day care services, remaining gaps in their understanding could hinder progress towards coordination of services for children.

Perceptions of health providers' problems again were focused on shortages of personnel and problems with parent awareness/cooperation, with similar proportions in each professional category rating them moderate or severe (60 - 70% for personnel shortages; 80 - 87% for parent problems). Scheduling and transportation problems also caused some concern; community relations and fragmentation of health delivery systems seemed less serious to respondents.

Fewer "Don't Know" responses were given for these categories of health care problems, and about 70% of day care representatives reported that the workshop had added to their knowledge of the health delivery system.

Appropriate Professional Roles

Again using the categories generated by the responses to the preliminary questionnaire, the follow-up questionnaire asked respondents to indicate on a four-point scale how day care professionals could appropriately deal with health-related aspects of their jobs. Almost all of the suggested roles were rated on the upper two points of the scale:

("Day care workers should try to initiate this") or ("Day care workers should insist upon doing this"). However, provision of transportation to health care settings provoked some controversy, with over 50% of responses indicating that day care workers "should not do this" or "should do it if asked."

Professional roles receiving the strongest support included "improvement of own knowledge," "observation and referral of children with special problems to health providers," and "development of on-going communication with health providers." Although fewer respondents felt that day care workers "should insist" upon working with parents to "link them with the health care system" or "give them health-related information," 37 - 66% of the participants within groups indicated that day care workers should "try" to do these things.

There was less agreement about appropriate roles for health care providers in relation to day care programs. Some examples of disparity of opinion between the professions illustrate the need for further discussion on these issues:

"Health care providers should insist upon:	% Who Agree	
	day care providers	health professionals
-providing training to staff in day care centers	53%	29%
-providing training to parents through centers	58	4
-being available to treat specific problems in centers	53	13
-providing preventive services in centers."	68	37

The question of whether a health professional should be employed by a center (or group of centers) apparently merits further exploration. Responses to this proposed role were fairly evenly distributed in each category across the range of available responses, including "Don't know."

Workshop Effects

The workshop planning committee recognized that the actual long-term impact of a one-day workshop would be difficult to quantify. Nevertheless, members agreed that even the relatively small positive changes that might be reported a short time after the workshop would be worth studying. Accordingly, the follow-up questionnaire asked respondents to identify effects of the workshop on their thinking, on their information-seeking behavior, on their current program activities, and on their future goals and objectives. A great many positive responses suggest that the workshop participants have indeed begun to apply the ideas discussed in Greensboro on April 26 to their own situations. The range of responses is further indication of the variety of perspectives and perceived needs in those communities. Some examples may illustrate.

The workshop reportedly stimulated participants to seek out more information about, or spend time thinking about, areas and issues such as developmental lag, parent education, roles for various professionals, identification of other community resources, dental hygiene, policy formation, parents' rights and responsibilities, and management of health records.

Changes or additions to programs reportedly influenced by workshop participation generally involved improvement of communication with both parents and other professionals. Respondents reported new efforts to hold parent meetings and workshops, to involve health professionals in center programs on a more regular basis, and to include nutritionists, dental hygienists, and health educators, as well as public health nurses. New contacts were initiated between day care programs and local health departments, as well as with the state health film library, university-related health affairs programs, Area Mental Health agencies and Developmental Evaluation Clinics.

Looking ahead, participants reported plans for a variety of activities. Some of these were definitely or partially stimulated by the workshop. The planned activities include dental screening, assisting parents in obtaining medical services, reevaluating day care programs in terms of health aspects, providing free physicals in day care centers, holding a first aid class, and developing a manual to help day care center personnel identify community health resources.

Many questionnaire respondents reported that the workshop was "very useful" or "somewhat useful" in developing long-range goals, such as developing a health plan for a day care program, establishing closer contact with health providers, enabling parents to meet the needs of their children, improving nutrition of children in day care, and (from a day care provider) "keeping the health needs instead of medical needs in the minds of professionals."

One may question the significance of this conglomeration of individually-perceived and reported changes in knowledge, attitudes, and activities attributed wholly or partially to the workshop. However, it is important to look at these reported changes in the total context of health and day care in community settings. If each participant interacts with other professionals, with children, and with families, incorporation of a single new idea into a program will possibly affect a great many people. Change is a slow process, often difficult to perceive and even more difficult to measure. As with the preliminary questionnaire, these results must be interpreted with caution.

Yet, they seem to indicate some areas of increased interest and/or activity, and some issues in need of continued discussion. The workshop has apparently enhanced inter-professional awareness of the problems and possibilities facing health and day care. As communication networks develop, day care and health professionals need to work together to define and clarify appropriate roles for each group.

Follow-up Site Visits

In order to expand the Planning Committee's knowledge of the various models of day care / health care interaction across the state of North Carolina, eight sites were chosen for interview and observation sessions. Workshop participants were selected for on-site interviews on the basis of responses to the preliminary questionnaire and observations of Committee members during the workshop. Three of the interviewees were associated with day care programs; three worked in health care programs; and the other two played combined day care and health care roles. Communities served ranged from mostly rural, to small town, to metropolitan.

Structured interviews (see Appendix for protocol) allowed comparison of several variables across settings. The workshop's impact upon these selected programs was discussed, and ideas for future collaborative efforts were explored. A brief look at the relevant features of these programs may help to illustrate the need for individualized planning in the search for ways to improve the health of children in day care. The diversity of perceived needs and expectations offers a challenge to those who favor a comprehensive, coordinated approach to improving health care / day care collaboration.

Resource Availability

All of the interview subjects, when asked to describe the health services available to families with preschool children listed a variety of programs. Most frequently mentioned were primary care providers. A few respondents demonstrated a broader concept of health by mentioning other services such as Developmental Evaluation Clinics, mental health programs, and dental care. Although there was general agreement that existing programs were adequate and accessible, as the interviews progressed it became apparent that certain populations might still be underserved in many respects. Particular concerns were expressed for the low-income families who are ineligible for Medicaid, and for children needing dental care. Long waits for appointments and clinics scheduled at times inconvenient for working parents also adversely affect the "availability of services" variable.

Each community visited offered some choices of day care setting (private and public), but waiting lists for many centers, particularly those accepting children under two years of age, indicated some accessibility problems. Interviewers reported that limitations on public funding coupled with the inability of many parents to afford the full costs of adequate care have created situations where some centers have extra spaces that cannot be used by families who need day care.

Priorities and Orientation

Attempting to assess the level of health needs awareness of the interviewees, a general statement of priorities was requested in terms of health care activities. The responses were placed along a continuum ranging as follows:

1) treatment of acute physical problems (such as communicable disease, injuries)

2) detection of chronic and acute physical problems

3) detection of potential health problems, including socio-emotional and developmental problems as well as physical ones

4) prevention of health problems (immunization, accident prevention, health education for children and parents, nutrition, etc.)

5) comprehensive health promotion (stressing positive elements of healthy development)

Responses to this question bore out one Planning Committee member's observation after the workshop, "Most of the health and day care staff see health care as handling of disease and preventing of illness rather than *promoting* healthy characteristics. We have a long way to go!" Day care interview responses cluster around treatment and detection of problems (priorities 1 and 2) while health workers would prefer to concentrate on detection and prevention activities (priorities 3 and 4). This difference may prove important in the search for collaborative methods to meet day care and health professionals' own perceived needs (which may not reflect the planners' own "more enlightened," or perhaps more idealistic, priorities).

Professional and Parental Responsibility

Parental responsibility for child health, a theme which has recurred throughout the various phases of this project, received strong support from those interviewed. Each felt, however, that both day care and health care programs should play a role in assuring that children receive needed services by assisting parents who cannot or will not

fulfill their obligations. Deciding when to intervene is difficult for the professionals interviewed. One day care director commented, when asked who should take responsibility, "That's a hard one to answer -- we push so hard that sometimes we don't stop to think where our limitations are. The mothers are out working and trying to hold a job and the're not aware of the services they could find, so we dig all the time to try to find things for them. I feel that this *is* a part of our job and it's our responsibility..."

A health department nursing supervisor answers the same question: "I think that public health is more or less charged with this responsibility."

A nurse for a child development program responded like this: "That goes back to the private family. The parent should be the primary responsible person. When the parents don't take the responsibility, this is a real touchy question because someone has to pay for it, and if the parent doesn't do it, who's to say who will pay for it?...How long does it have to go before it becomes child neglect and the courts get involved?"

There seemed to be some concern that the workshop presenters from the health field may have advocated more professional intervention and less parental responsibility than was appropriate. This is a complex issue which merits further discussion between day care and health workers.

Current Interaction Patterns

The eight programs observed demonstrated a range of interaction models, including 1) irregular communication and sharing of information (usually day care asking for it, health care giving it); 2) regular consultation; 3) one agency offering specific services to another (such as screening exams, staff workshops, etc.); and 4) joint planning and carrying out of cooperative programs.

The three day care people interviewed described their relationship to health professionals primarily in terms of seeking resources and advice for particular problems with individual children. Staff and parent education activities, while seen as desirable, were less often included.

The health professionals, in general, would like to spend less time consulting on problems of individual children and more time on preventive and health education activities in day care centers.

Three of the interview subjects represented programs with a built-in element of health care / day care collaboration. Two are

public health nurses who serve as staff nurses for federally-funded (Appalachian Regional Commission, ARC) child development programs, through cooperative arrangements with local health departments. Officially on the payroll of the health departments, they are an integral part of the day care programs, as they are responsible for all the "health" services offered to the children. Again, a large proportion of their time went to checking of records, handling of illness, and screening and referral to other sources of medical care.

The third "combined" health and day care person was a dental hygienist from a Department of Human Resources demonstration project. This project's goal is to develop innovative approaches to dental health education and prevention of dental problems in preschool children. The hygienist regularly visits 41 day care centers, conducting training for staff, parents and children. Although some screening is provided in selected day care programs, referral and treatment activities are not included in this project.

History of Collaborative Efforts

Looking at the history and evolution of these various collaborative efforts (with the exception of the two ARC programs, which included health services and health department cooperation as an integral program component from their inception) it was found that existing patterns were largely the result of a single agency's search for services, or, in the dental project, a need for an accessible population of preschool children to serve. Personal connections ("My husband is a doctor," or "I ride to work with my neighbor, the day care coordinator") were just as likely to result in cooperative efforts as were setting of professional goals and priorities and agency planning to meet community needs. One of the health departments, however, began by inviting day care operators to meet for the purpose of needs assessment and joint planning for delivery of health services to children in day care. Another health department nursing supervisor would like to participate in similar organizational efforts, incorporating both private and public day care operators, representatives of social services and other health agencies.

Barriers to Coordination

Barriers to improved organization of health and day care collaboration efforts include a combination of factors, usually described by the interview subjects as lack of time, heavy workloads and too few staff members. All agreed that increased levels of funding would allow more service coordination, as well as more preventive and health promotion activities. Unfortunately, most of the people we visited foresaw little chance of obtaining more staff or funding in the near future. In several cases, existing programs are being

forced to cut back rather than expand their health care function. One of the ARC child development programs has recently lost its nurse, as funding became tighter and the agency reexamined its priorities. The other ARC program visited, faced with similar funding cutbacks, was able to obtain support from other community sources. Health care continues in this program as a declared priority strongly supported by both child development and health department administrators, the local medical community, and the parents of enrolled children. Recognizing this support, the county commissioners have agreed to assist the program in maintaining its high level of quality during the current financial crisis.

As these representatives of health care and day care agencies expressed their ideas for improvement of the health of children in day care, desirability of joint efforts was stressed repeatedly. Some interviewees reported plans for meetings, local inter-agency committees, and stepped-up efforts to bring day care and health professionals together. However, in other communities, taking the initiative to begin organizing coordinated services was perceived as health care's responsibility by the day care providers, and as day care's responsibility by the health providers. A day care director expressed her feelings:

> "Health people should make the move. Day care people have had to push for everything we've gotten. There's only so much pushing we can do--they should take the initiative and offer to help us."

In the same community, a health professional said:

> "I really feel that planning will have to be mostly the responsibility of day care people. I feel like most health professionals, if they're approached, will do what they can do, even if they're busy, but they're not going to sit around and think of things to do in a day care center unless somebody approaches them."

Earlier in the interviews most of these same people had agreed that day care and health care professionals could appropriately share the responsibility for child health with parents. They express positive feelings about the potential value of collaboration in improving child health. But when it comes to actually extablishing relationships with other professionals, they would prefer to let someone else start the ball rolling.

Effects of the Workshop

We asked the participants if, given the few weeks that had elapsed between the workshop and the interview, they could perceive

any effects on their programs or plans. Again, the responses reflected the variety of communities and programs represented, and seemed to be associated with the respondents' attitudes about assuming responsibility for action. Some examples of responses illustrate this diversity:

From day care providers --

"We learned about new sources of information on health. The State Film Library sent films on ticks and other insects that carry disease. We are meeting with the health department to talk about ticks."

"There were no health people from our community at the workshop, so we haven't been able to start any new coordination."

"We want to include more health activities, such as awareness of their bodies and nutrition, into the program for our children."

From health care professionals --

"I will be sharing more information on the children I see with the day care workers. I plan to include more Denvers (developmental screening) in my visits to the centers."

"I now see that my role as a health professional includes helping to link day care centers with other health professionals, not just conducting the dental program. I may be the only health person that visits many of these centers, and I have access to almost all health services that are here."

"We are planning a meeting of health people, day care, and social services representatives to discuss what the needs are. I'd like to see some sort of organizational structure and planning meetings, involving the parents, too, to coordinate health services to day care centers."

"The workshop caused me to question some things. I was sort of jarred by some of the things that were said about "total" day care, including medical care. Whatever a child needs, you have it there -- it becomes a surrogate parent, providing continual care, becoming the focus of everything that happens to that child. We really need to talk about some of these things..."

"The workshop made me realize how much diplomacy is required. We have a good coordinated program, because we have lots of support. But you have to work at it to keep everything going smoothly. And I can see how lots of programs would have grouble getting anything going. We're lucky that way, but we have to keep working at it..."

Any attempt to condense all the varied observations and opinions obtained from the site visits to make a statement about the current status of health care / day care collaboration in North Carolina creates the danger of over-generalization. Resources available in some communities are lacking in others. Professional priorities towards child health fall at different points along the continuum from treatment through prevention to health promotion activities. Questions regarding parental and professional responsibilities have not been resolved adequately in some cases. Workshop participants benefited differently from their attendance, according to their own perceived needs.

A common willingness to explore possibilities for coordinated service delivery is tempered by reluctance to commit too much time and energy to new activities in a period of uncertain and changing agency priorities and funding patterns. However, various communities are responding to the need for improving health of children in day care with a variety of interaction patterns.

This observed diversity with regard to resources, knowledge, attitudes and existing interaction activities demonstrates the necessity for a flexible approach to planning for improvement of health care / day care collaboration. These eight site visit examples of "Where we are" may be useful in determining what steps might be taken to help move day care / health care collaboration along the path to "Where we would like to be."

Hopefully, insights from regional workshops such as the one in Greensboro and examples from communities which have begun to coordinate services will prove useful to leaders attemtping to meet that challenge.

Planning for the Future

The presentations and discussions held at the workshop and the data collected during the various phases of the follow-up study form an information base which may be useful to health and day care representatives who are seriously committed to strengthening collaborative efforts on local, regional and state-wide levels. A great deal of interest is apparent in local communities, but several factors may be working against spontaneous generation of successful collaborative projects:

1) Knowledge. Both health care and day care providers have limited understanding of the systems within which their counterparts act and the constraints under which they operate. Many professionals would like more specific information about health and day care resources in their communities.

2) Attitudes and priorities. There are pronounced differences among programs and among professionals in terms of perceived needs and priorities on health-related actions (i.e., treatment of disease versus prevention of problems versus promotion of positive characteristics of healthy development). In the past there has been a marked tendency for day care professionals to "receive" and health professionals to "give" in inter-agency interactions. A state-level day care representative reported that since the workshop she had begun to realize the limitations of this one-sided approach in trying to implement truly effective collaboration. Day care people could also have a great deal to "give" if only they and the health people recognized it. Perhaps as day care and health care professionals develop and demonstrate more mutual respect for each other's abilities and experiences, coordinated efforts will prove more productive for the children and families both are serving.

3) Behavior. Although there appears to be willingness to participate in cooperative ventures, overcoming natural inertia and organizing local efforts may be difficult for service providers whose present duties already consume a great deal of time and energy. In a time of scarce resources, any new activities must be proven cost-effective and time-efficient in helping to accomplish an agency's goals.

Interest has been expressed by members of the state Steering Committee in using the workshop and follow-up information as a basis for further coordinating efforts in local communities. Possible strategies might include helping to organize local health and day care representatives to plan and carry out joint activities such as 1) assessing community needs, 2) disseminating information about existing community resources, 3) conducting local workshops for day care and health care providers and parents, and 4) rallying community support for coordinated service delivery programs. The great diversity of interaction patterns and perceived needs already existing in various communities and programs will necessitate creativity and flexibility on the part of any group attempting to facilitate change. Beginning with people where they are (and not necessarily where planners think they should be) and helping them to move towards improved communication/collaboration will be challenging.

APPENDIX

page

Tables from Preliminary Questionnaire Data

Table 1: Day Care Problems 26

Table 2: Health Care Problems 27

Table 3: Perceptions of Roles 28

On-Site Evaluation

Evaluation Form 29

Table 4: On-Site Evaluation Responses 33

Follow-Up Evaluation

Follow-Up Questionnaire 35

Questionnaire 37

Table 5: Responses to Follow-Up Questionnaire 41

Interview Record 45

Table 1

Day Care Problems as Identified before the Workshop

Problems	Respondent Groups			
	Health Care Professionals (n=25)	Day Care Providers (n=27)	Day Care Coordinators/ Consultants (n=20)	Total (n=72)
funding (including lack of funds for facilities, equipment, salaries, etc.)	52% (13)	66% (18)	45% (9)	55% (40)
parent problems (including lack of cooperation, lack of knowledge, lack of time, etc.)	20% (5)	11% (3)	30% (6)	19% (14)
staff problems (not enough staff, unqualified staff, low morale)	48% (12)	41% (11)	40% (8)	43% (31)
transportation problems	8% (2)	--------	20% (4)	8% (6)
not enough day care spaces	48% (12)	66% (18)	90% (18)	66% (48)
health-related problems (sanitation, sick children, accidents, developmental problems)	32% (8)	4% (1)	5% (1)	14% (10)
community relations problems (lack of support, awareness, relations with other agencies)	--------	7% (2)	--------	3% (2)
governmental regulation, policy	4% (1)	11% (3)	--------	5% (4)
other (general quality of care)	--------	19% (5)	--------	7% (5)

Table 2

Health Care Problems Identified before the Workshop

Problems	Respondent Groups			
	Health Care Professionals (n=25)	Day Care Providers (n=27)	Day Care Coordinators/ Consultants (n=20)	Total (n=72)
lack of health personnel	44% (11)	18% (5)	20% (4)	28% (20)
parent problems (lack of knowledge about health services, lack of motivation, time, etc.)	48% (12)	15% (4)	45% (9)	36% (26)
scheduling problems (services not available at convenient times)	4% (1)	11% (3)	-------	5% (4)
transportation problems	24% (6)	4% (1)	30% (6)	18% (13)
community relations problems (day care, other agency people do not cooperate)	28% (7)	7% (2)	15% (3)	15% (12)
fragmented system of health care delivery (categorical services, eligibility problems)	8% (2)	4% (1)	-------	4% (3)
other problems	4% (1)	-------	-------	

Note: Only health care problems related to day care children were solicited.

Table 3

Perceptions of Roles

Roles	Respondent Groups: Health Care Professionals (n=25)	Day Care Providers (n=27)	Day Care Coordinators/ Consultants (n=20)	Total (n=72)
For Health Professionals				
provide training to staff	56% (14)	48% (13)	15% (3)	41% (30)
provide training to parents	32% (8)	30% (8)	20% (4)	28% (20)
enforce standards, check records	32% (8)	4% (1)	-------	12% (9)
be available to treat specific problems at center	8% (2)	22% (6)	10% (2)	14% (10)
provide preventive services in centers	52% (13)	48% (13)	25% (5)	43% (31)
consultation on a regular basis	40% (10)	26% (7)	50% (10)	38% (27)
be employed by center	4% (1)	4% (1)	-------	3% (2)
be responsible for referrals and coordination of services	28% (7)	19% (5)	10% (2)	19% (14)
For Day Care Professionals				
work to improve own knowledge, skills in health	4% (1)	4% (1)	20% (4)	8% (6)
work with parents around health needs	52% (13)	18% (5)	20% (4)	30% (22)
put health-related activities into program for children	8% (2)	15% (4)	5% (1)	10% (7)
observe and refer children with specific problems to health care providers	56% (14)	41% (11)	35% (7)	44% (32)
provide transportation to health care settings	8% (2)	11% (3)	20% (4)	8% (6)
Develop on-going communication with health care system	8% (2)	33% (9)	-------	15% (11)

EVALUATION FORM
Health of Children in Day Care Workshop
April 26, 1978 Greensboro, N. C.

Your position: _____ Agency where you work: _____

The purpose of the training has been to explore ways of meeting the health care needs of children in day care through collaboration between day care and health professionals.

The following are participant objectives for this workshop. Please rate the accomplishment of each objective below with the following scale:

Not Accomplished	Partially Accomplished	Mostly Accomplished	Completely Accomplished
1	2	3	4

OVERALL OBJECTIVES

1. To increase participant awareness of ways of meeting the health care needs of children in day care through collaboration between day care system and health professionals.

   1 2 3 4

2. To identify potential barriers to day care - health cooperation in delivery of services.

   1 2 3 4

3. To explore ways of overcoming barriers to increased cooperation, particularly in local communities.

   1 2 3 4

OBJECTIVES FOR DAY CARE PERSONNEL

1. To become aware of the health care needs of children in day care and to be able to recognize the indications for consultation by health professional.

   1 2 3 4

2. To increase knowledge of the particular needs of children with chronic handicapping conditions or developmental delays.

   1 2 3 4

3. To gain information about the types and availability of health services and appropriate methods of referral.

   1 2 3 4

OBJECTIVES FOR HEALTH PERSONNEL

1. To become aware of the problems encountered by day care personnel in seeking health services for children in their care.

   1 2 3 4

2. To increase knowledge about the milieu of day care, qualifications of personnel and operational standards in order to better counsel parents.

   1 2 3 4

3. To increase the understanding of the appropriate role (s) of health personnel in providing support services to day care programs.

   1 2 3 4

If you had additional personal objectives for this training session, indicate the degree to which they were met.

1 2 3 4

Your objectives were: _____

Please rate the content of the presentations using the following scale:

Not interesting & irrelevant to my needs	Interesting but irrelevant to my needs	Interesting & relevant to my needs	Interesting, relevant & useful in my work	Did not attend
1	2	3	4	5

1. "Healthy Day Care" - Ann Peters, M.D.

   1 2 3 4 5

2. "Curriculum for Health in Early Childhood Education" - Ilene Lee

   1 2 3 4 5

3. "A Day Care Center's Approach" - Sue Russell

   1 2 3 4 5

4. "The Role of the Consulting Physician" - Jean Sharpe, M.D.

   1 2 3 4 5

5. "Utilizing a Family or Pediatric Nurse Practitioner" - Beth Broome Hammond

   1 2 3 4 5

6. "Role Play of Divergent Expectations of Day Care Providers & Health Personnel" - Becky Williams & Alise Irwin

   1 2 3 4 5

7. "Developmental Lag: How to Recognize It and What To do About It?" - Carol Gestwicki

   1 2 3 4 5

8. "How To Use A Medical Record" - Selma Dietch, M.D.

   1 2 3 4 5

9. "Who Owns the Child?" - Rud Turnbull

   1 2 3 4 5

10. "Local Resources: How To Identify and Utilize?" - Small Group Discussion

    1 2 3 4 5

11. "Closing Session" - Sarah Morrow, M.D.

    1 2 3 4 5

Please rate these aspects of the workshop format using the following scale:

Poor	Fair	Good	Excellent
1	2	3	4

A. Group size in relation to type of presentation.

   1 2 3 4

B. Panel discussion format.

   1 2 3 4

C. Small group format.

   1 2 3 4

Poor	Fair	Good	Excellent
1	2	3	4

D. Single speaker (lecture or discussion)

1	2	3	4

E. Discussion groups.

1	2	3	4

F. How these formats combined throughout the day.

1	2	3	4

G. What topics presented today will be most useful to you in your work?

1.

2.

3.

H. What health - day care topics would you like to further pursue?

1.

2.

3.

I. General comments: _____

_____

_____

Table 4

On-Site Evaluation Responses

*Objective	Respondent Groups: Health Care Professionals (n=26)	Day Care Providers (n=36)	Day Care Coordinators/ Consultants (n=16)	Unspecified (n=3)	Total (n=81)
	(% of respondents indicating that objective was mostly or completely accomplished)				
Overall Objectives					
To increase participant awareness of ways of meeting the health needs of children in day care through collaboration between day care system and health professionals	92% (24)	85% (31)	87% (14)	66% (2)	88% (71)
To identify potential barriers to day care health cooperation in delivery of services	88% (23)	81% (29)	68% (11)	------	82% (66)
To explore ways of overcoming barriers to increased communication, particularly in local communities	68% (17)	74% (26)	75% (12)	------	70% (55)
Objectives for Day Care Personnel					
To become aware of the health care needs of children in day care and to be able to recognize the indications for consultation by health professionals	Not Applicable	79% (27)	93% (14)	100% (3)	79% (34)
To increase knowledge of the particular needs of children with chronic handicapping conditions or developmental delays	Not Applicable	64% (22)	64% (9)	100% (3)	67% (34)
To gain information about the types and availability of health services and appropriate methods of referral	Not Applicable	76% (26)	85% (12)	66% (2)	80% (40)
Objectives for Health Personnel					
To become aware of the problems encountered by day care personnel in seeking health services for children in day care	76% (20)	Not Applicable	Not Applicable	66% (2)	79% (22)

*Percents were calculated on the basis of the number who answered the question, not always the same as the total number who returned the questionnaire.

Table 4 - continued

On-Site Evaluation Responses

Objective	Respondent Groups: Health Care Professionals (n=26)	Day Care Providers (n=36)	Day Care Coordinators/ Consultants (n=16)	Unspecified (n=3)	Total (n=81)
	(% of respondents indicating that objective was mostly or completely accomplished)				
Objectives for Health Personnel (Continued)					
To increase knowledge about the milieu of day care, qualifications of personnel, and operational standards in order to better counsel parents	45% (12)	Not Applicable	Not Applicable	33% (1)	46% (13)
To increase the understanding of the appropriate roles of health personnel in providing support services to day care programs	64% (17)	Not Applicable	Not Applicable	------	64% (17)

**Ratings of the content of individual sessions

Session	(% of respondents classifying session as "interesting and relevant", as "interesting, relevant, and useful in my work)	
"Healthy Day Care"	96%	(73)
"Curriculum for Health in Early Childhood"	85%	(68)
"A Day Care Centers Approach"	88%	(71)
"The Role of the Consulting Physician"	96%	(73)
"Utilizing a Family or Pediatric Nurse Practitioner"	83%	(61)
"Role Play of Divergent Expectations of Day Care Providers and Health Personnel"	94%	(16)
"Developmental Lag: How to Recognize It and What To Do About It"	96%	(29)
"How to Use a Medical Record"	100%	(11)
"Who Owns the Child"	96%	(22)
"Local Resources: How to Identify and Utilize Small Group Discussion"	80%	(53)
"Closing Session"	95%	(54)

**Percents are calculated only for those who attended each session

FOLLOW-UP QUESTIONNAIRE

"HEALTH OF CHILDREN IN DAY CARE" WORKSHOP

DEAR RESPONDENT:

Thank you for helping us with our follow-up study related to the "Health of Children in Day Care" Workshop, held April 26 in Greensboro. We are attempting to evaluate the current state of health care / day care collaboration in North Carolina, as well as the appropriateness of using workshops, such as the one you attended, to improve the delivery of coordinated services to children and families with which we work. The information you provide will be analyzed and may be included in a workshop report. The report may be presented at the American Public Health Association's Annual Meeting in October. People in other areas who want to achieve the same goals may use this material in deciding whether to undertake similar efforts.

We are working under some fairly strict time constraints, and would appreciate your returning this questionnaire as soon as possible. If we have not received your questionnaire by June 9, we may contact you by phone to determine if you intend to return it.

In our analysis, no respondent will be identified individually, by county, or by agency. Information given below will be coded, and this page will be separated from the rest of the questionnaire to ensure confidentiality. If you have any questions regarding the questionnaire, please feel free to contact Beverly Speak at (919) 966-4121, extension 212. *THANK YOU SO MUCH FOR YOUR HELP!*

PLEASE CHECK ALL OF THE FOLLOWING CATEGORIES THAT APPLY TO YOU:

_____DAY CARE WORKER

_____day care coordinator (DSS)

_____social caseworker (DSS)

_____administrator, certified center

_____administrator, licensed center

_____caregiver, certified center

_____caregiver, licensed center

_____other day care professional
(specify:_____)

_____HEALTH CARE WORKER

_____administrator, County Health Department

_____public health nurse

_____sanitarian

_____dental health professional

_____mental health professional

_____other health professional
(specify:_____)

COUNTY OR REGION WHERE YOU WORK:_____

CODE:_____ _____ _____

QUESTIONNAIRE

Please answer all of the questions, regardless of your professional category. Mark the line that most clearly reflects your opinion.

1. I feel that increasing communication between health care and day care professionals in local communities:

____will significantly improve the health status of children.
____will improve the health status of children somewhat, but not very much.
____will not make any difference in the long run.

2. I feel that I can and should play a role in improving the availability of day care services in my community.

____Yes. How?_____

____No. Why not?_____

I feel that I can and should play a role in improving the availability of health care services in my community.

____Yes. How?_____

____No. Why not?_____

Comments:

3. The information presented at the workshop was:

____mostly new to me.
____mostly familiar but it stimulated me to see issues from new perspectives.
____old hat
____other (what?_____)

Comments:

--*-*-*-*-*-*-*-*

The following barriers to delivery of day care services were identified on the pre-workshop questionnaire and during the workshop sessions. Please rank them in your situation according to the following scale:

0=not a problem 1=slight problem 2=moderate problem 3=severe problem DK=don't know

4. Day care suffers from: *(circle the best number)*

funding problems (including funds for facilities, equipment, supplies, salaries, etc.)	0	1	2	3	DK
parent problems (including lack of cooperation, lack of knowledge, lack of time, etc.)	0	1	2	3	DK
staff problems (not enough staff, unqualified staff, low morale, lack of training)	0	1	2	3	DK
transportation problems	0	1	2	3	DK
too few day care spaces to meet the need	0	1	2	3	DK
health-related problems (sanitation, sick children, accidents, developmental problems)	0	1	2	3	DK
community relations problems (lack of awareness, support, relations with other agencies)	0	1	2	3	DK
governmental relations, policies, red tape	0	1	2	3	DK
other problems: *(please specify*_____)	0	1	2	3	DK

5. Did the workshop add to your knowledge or change any of your ideas about the problems faced by day care workers?

____Yes. ____No.

If yes, how?_____

These problems were identified as barriers to health care service delivery to day care children. Again, please rank them as they apply to your situation.

0=not a problem 1=slight problem 2=moderate problem 3=severe problem DK=don't know

6. Health services suffer from: *(circle the best number)*

not enough health personnel to meet the need	0	1	2	3	DK
parent problems (lack of knowledge about health services, lack of motivation, time, etc.)	0	1	2	3	DK
scheduling problems (services not available at convenient times)	0	1	2	3	DK
transportation problems	0	1	2	3	DK
community relations problems (day care, other agency people do not cooperate)	0	1	2	3	DK
fragmented system of health care delivery (categorical services, eligibility problems)	0	1	2	3	DK
other problems: *(please specify* _____ *)*	0	1	2	3	DK

7. Did the workshop add to your knowledge of or change any of your ideas about problems faced by health care workers?

____Yes. ____No.

If yes, how? _____

--*-*-*-*-*-*-*

The following activities were identified as ways day care professionals could help to improve the health of children. Please rank them according to the following scale:

0=should not do this 1=should do it if asked 2=should try to initiate this
3=should insist upon doing this DK=don't know

8. Day care professionals should: *(circle the best number)*

work to improve their own knowledge of available health resources, skills	0	1	2	3	DK
work with parents to link them with the health care system	0	1	2	3	DK
work with parents to give them health-related information	0	1	2	3	DK
put health-related activities into the program for children (If so, what activities?) Comment:	0	1	2	3	DK
observe and refer children with special problems to health care providers	0	1	2	3	DK
provide transportation to clinics or other health settings	0	1	2	3	DK
develop on-going communication with health care providers (not just for specific problems)	0	1	2	3	DK
other appropriate day care professional roles related to health care _____					

These activities were suggested as ways <u>health professionals</u> could improve health of children in day care. Again, the same scale applies:

0=should not do this 1=should do it if asked 2=should try to initiate this
3=should insist upon doing this DK=don't know

9. <u>Health professionals</u> should: *(circle the best number)*

provide training to staff of day care centers	0	1	2	3	DK
provide parent training through centers	0	1	2	3	DK
enforce standards, check records at day care centers	0	1	2	3	DK
be available to treat specific problems at the center	0	1	2	3	DK
provide preventive services in centers (screening, immunization, nutrition, health education for children, etc.)	0	1	2	3	DK
make regularly scheduled visits to center (for consultation)	0	1	2	3	DK
be employed by the center (or a group of centers)	0	1	2	3	DK
be responsible for referrals and coordination of services to children in centers	0	1	2	3	DK

other health professional roles related to day care: _____

_____

_____

_____

Comments about roles:

--*-*-*-*-*-*-*-*

The remaining section of the questionnaire is perhaps most important, as it allows you to share with us your own ideas and plans for day care / health care interaction. Respond to as many of the following statements as apply to you. Additional comments will be most appreciated! (Add separate sheet if necessary.)

10. The workshop stimulated me to do the following:

a. identify areas that I want to explore further and think about (What areas?)

b. seek out more information about:

From whom? _____

c. share new information with others in my agency:

d. make the following additions or changes in my program:

e. initiate contact with the following health care / day care agencies in my community:

Results of these contacts: _____

11. I would like to undertake the following activities in the near future (short-range goals):

My plans for these activities were:

____definitely stimulated by the workshop.
____partially stimulated by the workshop.
____not related to the workshop.

12. I hope to achieve the following long-range goals:

In developing these goals, the workshop was:

____very useful.
____somewhat useful.
____not useful.

13. There should be more health care / day care workshops. ____Yes. ____No.

If yes, they should be:

_____statewide (If so, where should the workshops be held?_____)

_____regional (several counties) _____local community-oriented

They should be sponsored by:

_____health people _____day care people

14. I would be willing and able to participate in local cooperative efforts to develop healthy day care.

____Yes. _____No.

I would be willing to take a leadership role in these efforts.

____Yes. _____No.

--*-*-*-*-*-*-*-*

15. Further comments on any aspect of health care / day care collaboration:

Table 5

Responses to Follow-Up Questionnaire

Note: Percents reflect only those answering each question

	Health Care Professionals (n=24)	Day Care Providers (n=20)	Day Care Coordinators/ Consultants (n=15)
1. Day care / health care collaboration will significantly improve the health of children:	87% (21)	89% (17)	80% (12)
2a. I can and should help to improve day care availability:	91% (20)	69% (11)	100% (15)
2b. I can and should help to improve health care availability to preschool children:	91% (20)	81% (13)	100% (15)
3. Information presented at the workshop was mostly new, or stimulated participant to see issues from new perspectives:	90% (19)	84% (16)	92% (13)
4. Day care suffers from:			
Funding problems			
moderate or severe	78% (18)	94% (18)	91% (11)
don't know	22% (5)	0	0
Parent problems			
moderate or severe	78% (18)	62% (13)	56% (8)
don't know	9% (2)	0	0
Staff problems			
moderate or severe	66% (15)	58% (11)	56% (9)
don't know	18% (4)	0	0
Transportation problems			
moderate or severe	71% (15)	67% (12)	50% (7)
don't know	9% (4)	0	5% (1)
Too few spaces in day care			
moderate or severe	77% (17)	83% (15)	93% (13)
don't know	13% (3)	0	0
Health-related problems			
moderate or severe	40% (9)	43% (8)	36% (5)
don't know	0	0	14% (2)
Community relations problems			
moderate or severe	79% (18)	89% (17)	46% (6)
don't know	9% (2)	0	0
Governmental relations problems			
moderate or severe	69% (16)	89% (16)	50% (6)
don't know	26% (6)	0	8% (1)
5. Did the workshop add to your knowledge of day care problems?			
yes:	83%	55%	67%
6. Health service problems: (in relation to day care)			
Not enough personnel			
moderate or severe	72% (18)	68% (13)	60% (9)
don't know	0	16% (3)	0
Parent problems			
moderate or severe	87% (19)	84% (16)	87% (13)
don't know	0	0	0

Table 5 - continued

	Health Care Professionals (n=24)		Day Care Providers (n=20)		Day Care Coordinators/ Consultants (n=15)	
6. Health service problems - continued						
Scheduling problems						
moderate or severe	70%	(16)	84%	(16)	60%	(9)
don't know	4%	(1)	0		7%	(1)
Transportation problems						
moderate or severe	76%	(16)	73%	(14)	80%	(12)
don't know	5%	(1)	10%	(2)	7%	(1)
Community relations problems						
moderate or severe	37%	(9)	47%	(9)	7%	(1)
don't know	4%	(1)	26%	(5)	14%	(2)
Fragmented system of health care						
moderate or severe	78%	(18)	53%	(10)	43%	(6)
don't know	0		16%	(3)	7%	(1)
7. Did the workshop add to your knowledge of health care problems?						
yes:	57%	(12)	68%	(13)	69%	(9)
8. Roles for day care professionals:						
Improve own knowledge						
should try to initiate	26%	(6)	26%	(5)	40%	(6)
should insist upon doing	74%	(17)	74%	(14)	60%	(9)
Work with parents to link with health system						
should try to initiate	48%	(10)	42%	(8)	66%	(10)
should insist upon doing	52%	(12)	58%	(11)	33%	(5)
Work with parents to give health-related information						
should try to initiate	60%	(13)	37%	(7)	64%	(9)
should insist upon doing	40%	(9)	63%	(12)	29%	(4)
Put health activities into children's program						
should try to initiate	33%	(7)	33%	(6)	20%	(3)
should insist upon doing	67%	(14)	67%	(12)	67%	(10)
Observe & refer children with special problems to health care providers						
should try to initiate	9%	(2)	20%	(4)	27%	(4)
should insist upon doing	91%	(21)	80%	(16)	67%	(10)
Provide transportation to health setting						
should not do	23%	(5)	10%	(2)	7%	(1)
should do if asked	32%	(7)	40%	(8)	60%	(9)
should try to initiate	18%	(4)	25%	(5)	27%	(4)
should insist upon doing	23%	(5)	15%	(3)	7%	(1)
Develop on-going communication with health care providers						
should try to initiate	32%	(7)	16%	(3)	47%	(7)
should insist upon doing	68%	(15)	84%	(16)	53%	(8)

Table 5 - continued

	Health Care Professionals (n=24)		Day Care Providers (n=20)		Day Care Coordinators/ Consultants (n=15)	
9. Roles for health professionals:						
Provide training to staff						
should not do	4%	(1)	0		0	
should do if asked	17%	(4)	0		6%	(1)
should try to initiate	50%	(12)	47%	(9)	53%	(8)
should insist upon doing	29%	(7)	53%	(10)	40%	(6)
Provide training to parents through centers						
should not do	9%	(2)	0		0	
should do if asked	30%	(7)	16%	(3)	0	
should try to initiate	57%	(13)	26%	(5)	93%	(14)
should insist upon doing	4%	(1)	58%	(11)	7%	(1)
Enforce standards, check records in day care centers						
should not do	4%	(1)	0		7%	(1)
should do if asked	4%	(1)	10%	(2)	13%	(2)
should try to initiate	33%	(8)	26%	(5)	40%	(6)
should insist upon doing	59%	(14)	63%	(12)	33%	(5)
Be available to treat specific problems in centers						
should not do	21%	(5)	5%	(1)	0	
should do if asked	17%	(4)	21%	(4)	27%	(4)
should try to initiate	46%	(11)	21%	(4)	20%	(3)
should insist upon doing	13%	(3)	53%	(10)	53%	(8)
Provide preventive services in centers						
should not do	4%	(1)	0		0	
should do if asked	25%	(6)	5%	(1)	13%	(2)
should try to initiate	33%	(8)	26%	(5)	47%	(7)
should insist upon doing	37%	(9)	68%	(13)	40%	(6)
Regular consultation in centers						
should not do	0		0		0	
should do if asked	22%	(5)	5%	(1)	28%	(4)
should try to initiate	43%	(10)	37%	(7)	36%	(5)
should insist upon doing	35%	(8)	58%	(11)	36%	(5)
Be employed by center						
should not do	25%	(6)	10%	(2)	14%	(2)
should do if asked	12%	(3)	10%	(2)	36%	(5)
should try to intiiate	25%	(6)	42%	(8)	14%	(2)
should insist upon doing	12%	(3)	16%	(3)	14%	(2)
Be responsible for referrals and coordination of health services for children in centers						
should not do	0		5%	(1)	7%	(1)
should do if asked	20%	(5)	39%	(7)	40%	(6)
should try to initiate	60%	(15)	22%	(4)	33%	(5)
should insist upon doing	20%	(5)	33%	(6)	13%	(2)

INTERVIEW RECORD

Site: _____ Date: _____

Interview with: _____ Position: _____

First, I'd like to discuss some general topics connected with health and day care in _____; then I have some specific questions about what you and _____ are doing to promote "healthy day care."

I. Resource Availability: Can you tell me about the different types of health care services available to families with preschool children in _____? Do you think there are enough health services?

____wide range of different types, adequate supply
____some choices of health care setting
____no choices (single setting or type of care, not adequate supply)
____no available health care in immediate area

Comments:

Can you tell me about the different types of day care services available in _____? Do you think there are enough day care services?

____wide range of different types, adequate supply
____some choices of day care setting
____no choices (single setting or type of care, not adequate supply)
____no available care in the immediate area

Comments:

II. Priorities and Orientation: In terms of health care for children, where do you feel we should be putting our energies and resources? What activities should we, as health and day care workers, concentrate on first?

____health promotion (comprehensive)
____prevention of health problems (immunization, accident prevention, development of good health habits in children, health education)
____detection (through screening, etc.) of health problems or potential problems (emotional, social, and intellectual as well as physical)
____detection of chronic and acute physical problems
____treatment of acute physical problems (communicable disease, injuries)

Comments:

III. Responsibility for Child Health: Who should be responsible for seeing that children get services needed to assure healthy development during their preschool years?

____parents
____medical people and parents
____day care people and parents
____medical people, day care people, and parents
____all community agencies and parents (including social services - others?)
____the government (what level?)

Comments:

IV. Interagency Communication and Collaboration: About how often, in the course of your work, do you have contact with representatives of a _____agency? Do you usually interact with the same people or agencies, or with a variety of different ones? (Do you have some known & familiar contacts that you use regularly?)

____weekly or more often, regular patterns (same people/agencies)
____weekly or more often, no coordination, varying encounters with different people
____at least monthly, via regular channels
____at least monthly, no coordination
____irregular, unplanned basis with same or different people
____no contact with other profession

Have you seen a trend towards more or less frequent contact over the past few years?

Do you feel that there has been (or will be) a change since the workshop?

Comments:

*Interviewer rated open-ended response on this scale, respondent did not "choose" one of these.

Tell me something about the type of day care / health care collaboration that exists (or that you would like to start) in_____.

____joint planning, carrying out of specific programs
____single agency plans, uses other to carry out programs
____sharing of information on a regular basis, no planned programs
____sharing of information, irregular basis (only when specific need arises)
____no collaboration or communication

Do you perceive any trends towards more or less collaboration? Any change since the workshop?

Comments:

V. Specific Agency Program and Plans:

History of collaboration: (Who or what agencies do you collaborate with? How did it begin, who initiated, when, why?)

What are the goals of this collaboration? Are they specifically written down, or implied? Have they changed since collaboration began?

What specific activities are included? How is collaboration implemented?

What effects have you seen? (Successes, offshoots) How are they measured?

What barriers or problems have you encountered? (Any suggestions for avoiding these in the future?)

What effects did the workshop have on this collaboration process? (If none, why?)

What further activities, information, workshops, planning sessions, committees, etc., do you think would be useful in improving health of children in day care?

What would you like to see happen in the next few months, years? Who should do it?

Interest/appropriateness for state demonstration project? ____yes ____no

Suggestions for other agencies, people who might be interested in becoming involved?

Further comments: